STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	**10/19/2018**
NAME OF PROVIDER OR SUPPLIER **HOPE GARDEN ASSISTED LIVING & ECC, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 NW 59TH WAY** **LAUDERHILL, FL 33319**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on 10/19/2018 at Hope Garden Assisted Living & ECC, license # 8658. The facility had no LNS deficiencies at the time of the visit.

During the LNS survey a generator assessment was conducted on the same date.